24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)						
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼					
	C C00490375					
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Davis						
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination					
	06 02 2016					
Mailing Address 155 Grand Avenue	Amount					
City State Zip Code	360.00					
Oakland CA 94612	Transaction ID : D742592 Date of Disbursement or Obligation					
Purpose of Expenditure Site Pental Category/	Man / Dad / Yayayay					
Site Rental Type	05 31 2016					
	upport Office Sought: House District: 00					
Bernie Sanders O	ppose President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought 1243.85	Disbursement For: Primary General					
Per Election for Office Sought 1243.85	Other (specify)					
Full Name of Payee	Date of Public Distribution/Dissemination					
National Nurses United	06 04 2016					
Mailing Address 155 Grand Avenue	00 04 2010					
100 Grand Averlage	Amount					
City State Zip Code	75.00					
Oakland CA 94612	Transaction ID : D742604					
	Date of Disbursement or Obligation					
Purpose of Expenditure Site Rental Category/ Type	06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Туре						
Name of Federal Candidate	upport Office Sought: House District: 00					
Bernie Sanders O	ppose President Senate State: CA					
Calendar Year-To-Date	Disbursement For: X Primary General					
Per Election for Office Sought	2016 Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	435.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	···············					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert						
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political						
party committee) any political party committee or its agent.						
Martha Kuhl						
[Electronically Filed]	Date 06 03 2016					
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	medule Ly			FOR SE OF	FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection				C IDENTIFICATION NUMBER ▼		
IN	lational Nurses United for Patient Protection		С	C00490375		
Che	eck if 24-hour report 48-hour report New report Amends rep	ort filed on	M = M	/ D = D /	Y = Y = Y = Y	
Т	Full Name of Payee	Dat	e of Pub	olic Distribution	/Dissemination	
	Autumn Press		M = M 06	/ 02 /	2016	
	Mailing Address 945 Camelia St	Am	ount			
ŀ	City State Zip Code		738.85			
	Berkeley CA 94710-1437			on ID : D742654 isbursement or Obligation		
	Purpose of Expenditure Printing Category/ Type		M M M 06	/ 02	2016	
ı	Name of Federal Candidate Support	Office Sou	ght:	House	District:00	
	Bernie Sanders Oppose	X Pres	ident	Senate	State: CA	
ı	Calendar Year-To-Date Per Election for Office Sought 1243.85	Disbursem 2016		-	General	
ı			Other (specify) 🕨		
	Full Name of Payee National Nurses United	Da	M = M	/ D D /	/Dissemination	
	Mailing Address 155 Grand Avenue	Am	05 ount	31	2016	
ı	City State Zip Code	— г			70.00	
	Oakland CA 94612			ID : D742655 bursement or	Obligation	
	Purpose of Expenditure Online Ad Category/ Type		06	/ 02 /	2016	
١	Name of Federal Candidate Support	Office Sou	ıght:	House	District: 00	
	Bernie Sanders Oppose	X Pres	sident	Senate	State: CA	
	Calendar Year-To-Date Per Election for Office Sought 1243.85	Disbursen 2016		Primary specify) ▶	/ General	
	(a) SUBTOTAL of Itemized Independent Expenditures	•		7	808.85	
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Martha Kuhl [Electronically Filed] Dat	te 06	/ 03		Y	
	Signature					

PAGE 2

OF

2